



# RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## Onsite Wastewater Treatment Systems (OWTS) Program

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[www.dem.ri.gov/septic](http://www.dem.ri.gov/septic)



## OWTS RESIDENTIAL REPAIR SUBMISSION CHECKLIST

Owner Name: \_\_\_\_\_

Designer Name: \_\_\_\_\_

Application No. \_\_\_\_\_

Date \_\_\_\_\_

### APPLICATION FOR OWTS RESIDENTIAL REPAIR

In accordance with Rules 6.18 and 6.19, the following repair application requirements are established for residential uses disposing of not more than 900 gallons of sewage per day.

All applications for the approval of plans for OWTS repair shall be made on form(s) provided by the Director. Fill out all sections of the application, including plat, lot (provide copy of tax card) and depth to design water table. Depth to design water table may be completed without test hole data if, and only if, the designer has verified information from the surrounding area or has extensive local knowledge based on past work completed in the area.

\_\_\_ OWTS Construction Permit Application Form

\_\_\_ Four (4) Sets of Plans

\_\_\_ Property Tax Card

\_\_\_ Proper Fee (OWTS Rule 6.54)

### BASIC DESIGN DATA/PLAN REQUIREMENTS

All applications for OWTS repairs shall include basic design data and a drawing detailing the property and/or pertinent portion thereof showing the size and location of the proposed OWTS. Information to be provided on the plan shall include, but not be limited to, the following:

1. \_\_\_ Measured distances from the proposed OWTS to site features, including, but not necessarily limited to, foundations, streets, buildings, wells (private and public), water supply lines, drainage structures, fences, driveways, trees, pools and property lines;
2. \_\_\_ Spot elevations in the area of the proposed OWTS. If filling is needed to meet fill perimeter requirements, and/or to provide the minimum required cover over the leachfield, provide existing and proposed spot grades to detail the filling;
3. \_\_\_ Fixed benchmark in close proximity to the proposed OWTS;
4. \_\_\_ Invert elevation schedule;
5. \_\_\_ Excavation/strip note. Provide note or detail specifying full or trench excavation and any overdig, and any anticipated removal of an existing OWTS;
6. \_\_\_ Note to pump and fill any existing cesspool;
7. \_\_\_ Location and type of existing OWTS;
8. \_\_\_ Test hole location (if applicable) and soil description;
9. \_\_\_ Waterline location(s). Where a proposed OWTS is within 50 feet of a waterline, the waterline location must be located and marked by the local water supply agency. Where it is unavoidable to maintain the required minimum 25 feet distance from leachfield to a waterline, the waterline must be sleeved, and an approval letter from the local public water supply agency provided;
10. \_\_\_ Location of drains, including foundation drains and basement sump pumps, within 50 feet of the OWTS;
11. \_\_\_ Location of private drinking water wells on all surrounding lots and/or within 150 feet of the OWTS and the location of public wells within 400 feet of the proposed OWTS. A note must be provided indicating the presence of any wells within 100 feet of the proposed OWTS;
12. \_\_\_ The location of wetlands on the subject property and/or within 100 feet of the proposed OWTS;
13. \_\_\_ The location of any drinking water supplies, including tributaries or storm/subsurface drains discharging into the drinking water supply, within 200 feet of the proposed OWTS;
14. \_\_\_ OWTS repairs involving pumps: provide pump tank size, dose calculations, pump spec. sheet, pump size, and float elevations (see OWTS Design Criteria);

15. \_\_\_\_ Include anti-floatation provisions on plan for septic tank and pump chamber on high groundwater sites;
16. \_\_\_\_ OWTS repairs requiring structural retaining walls must be submitted by a professional engineer.

**The Director reserves the right to require other information deemed necessary by the Department to fulfill its obligations in accordance with applicable statutes and regulations, on a case by case basis.**

**DESIGNER COMMENTS:**

**Application No.**

**OWTS PROGRAM REVIEW COMMENTS:**

The application, plans and attachments are being returned. Please address the OWTS Review Comments above and return.

DEM Official\_\_\_\_\_

Date\_\_\_\_\_